



BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2182

00862.002632

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: T. Nguyen
Hideyuki IKEGAMI et al.)	
	:	Group Art Unit: 2182
Application No.: 09/215,194)	
	:	Confirm No.: 7690
Filed: December 18, 1998)	
	:	
For: IMAGE FORMING APPARATUS)	July 27, 2004
AND CONTROL METHOD FOR THE	:	
SAME)	

RECEIVED

JUL 29 2004

Technology Center 2100

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated May 27, 2004, Applicants submit the following amendments and remarks.



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EXPEDITED PROCEDURE
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In re Application of:
00862.002632

Docket No.

Hideyuki IKEGAMI et al.

Application No.: 09/215,194

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For: IMAGE FORMING APPARATUS AND
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Date: July 27, 2004

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	MINUS	28	0	x \$ 9 \$ 18	\$ 0.00
INDEP. CLAIMS	4	MINUS	6	= 0	x \$ 43 \$ 86	\$ 0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within one month is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicants

Michael J. Didas

Registration No. 55,112

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